Case 12-28987 Doc 6

B22A (Official Form 22A) (Chapter 7) (12/10)

(If known)

Case Number:

Filed 08/24/12 Entered 08/24/12 15:47:55 Desc Main

In re_	Jordan C Ritchie	UNITED STATES BANKRUPTCY COUR WESTERN DIVISION	1
	Debtor(s)	FILED	

AUG 2 4 2012

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this
statement (crieck one box as directed in Fart i, in, or vi or this
☐ The presumption arises.
☑ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPJED TO THE FINENT OF CURRENT MONTHLY INCOME CLERANDIMENTEST CALCULATION WESTERN DISTRICT OF TENN.

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part = MILETYARY AND NO NECONSUMER DEBY (ORS. 1997)
*	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
18	Non-consumer Debtors.If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
10	☐ Declaration of Reservists and National Guard Members By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.
	OR
	 b. \[\] am performing homeland defense activity for a period of at least 90 days /or/ \[\] performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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		PARTICOLEMN		METOLES WINDY EXCERT			
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.						
	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.						
	c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						
	_	farried, filing jointly. Complete both C	column A ("Debtor's Incon	ne") and Column B ("Spouse's Income") t	or		
		es must reflect average monthly income		_	Column A	Column B	
	If the ar	nount of monthly income varied during ter the result on the appropriate line.			Debtor's	Spouse's	
3	Gross	wages, salary, tips, bonuses, overting	ne, commissions.		\$0.00	Income \$	
4	differen farm, ei	from the operation of a business, p ce in the appropriate column(s) of Line iter aggregate numbers and provide def include any part of the business ex	4. If you operate more than or ails on an attachment. Do no	one business, profession or ot enter a number less than zero.			
	a.	Gross receipts		\$0.00			
	b.	Ordinary and necessary business exp	enses	\$0.00	\$0.00	s	
	C.	Business income		Subtract Line b from Line a	\$0.00	*	
	in the a	ppropriate column(s) of Line 5. Do not e rt of the operating expenses entered		Do not include in Part V.			
	a.	Gross receipts		\$0.00			
The second secon	b.	Ordinary and necessary operating exp	enses 	\$0.00			
	C.	Rent and other real property income		Subtract Line b from Line a	\$0.00	\$	
	Interes	t, dividends, and royalties.			\$0.00	\$	
	Pensio	\$0.00	\$				
8	the det Do not i complet	nounts paid by another person or en otor or the debtor's dependents, incl nclude alimony or separate maintenanced. Each regular payment should be re eport that payment in Column B.	uding child support paid to e payments or amounts paid	or that purpose. by your spouse if Column B is	\$0.00	\$	
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		ployment compensation claimed to senefit under the Social Security Act	Debtor \$0.00	Spouse _\$	\$0.00	\$	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments pald by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.	Internet		\$100.00			
	Total and enter on Line 10 \$100.00 \$						
	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). \$100.00 \$						
	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. \$100.00						

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	Part III. APPLICATION OF § 707(b)(7) EXCLUSION 1111.111.111.111.1111.1111.1111.1111.					
	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$1,200.00				
	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at the bankruptcy court.) a. Enter debtor's state of residence: TENNESSEE b. Enter debtor's household size: 1	\$39,165.00				
16	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

PRILIT CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
	Enter	the amount from Line 12.	\$			
	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.	\$				
The second secon	b.	\$				
(v) The large of the property of the control of	c. \$ Total and enter on Line 17					
The second secon						
18	Curre	nt monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$			

Part V-CALCULATION OF DEDUCTIONS FROM INCOME.							
10A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$
198	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in						
The second secon	Household members under 65 years of age Household members 65 years of age or older						
	a 1.	Allowance per member		a2 .	Allowance per member		
	b1.	Number of members		b2.	Number of members		
A THE STATE OF THE	c1.	Subtotal		c2.	Subtotal		\$

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- 20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						
208	Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.						
	a. IRS Housing and Utilities Standards; mortgage/rental expense \$						
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		\$			
	C.	Net mortgage/rental expense		Subtract Line b from Line a.	\$		
21	Lines Hous	al Standards: housing and utilities; adjustment. If you content is 20A and 20B does not accurately compute the allowance to which you sing and Utilities Standards, enter any additional amount to which you the basis for your contention in the space below:		e IRS			
					\$		
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
22 A	expe	ck the number of vehicles for which you pay the operating expenses of chases are included as a contribution to your household expenses in Li 1 2 or more.		9			
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.)						
228	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from						
	Line	a and enter the result in Line 23. Do not enter an amount less	than zero.	1			
	a.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1,	\$				
	b.	as stated in Line 42	\$		\$		
	c Net cupership/lease expense for Vehicle 1 Subtract Line b from Line a						

Page 5 of 8 Document B22A (Official Form 22A) (Chapter 7) (12/10) - Cont 5 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 IRS Transportation Standards, Ownership Costs а \$ b. Average Monthly Payment for any debts secured by Vehicle 2, \$ as stated in Line 42 C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self 25 employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. 28 Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, \$ for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required 28 to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44. Other Necessary Expenses; education for employment or for a physically or mentally Enter the total average monthly amount that you actually expend for education that is a 29 condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on 30 childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or 31 paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. actually pay for telecommunication services other than your basic home telephone and cell phone service - such as 32 pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 33 Subpart B. Additional Living Expense Deductions Note: 2c not include any expenses that you have listed in Innee 19:32. Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ Disability Insurance \$ Health Savings Account C. \$ 34 Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the

space below:

month elderly	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
incurr	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
Local provi	Standards for Housing and I de your case trustee with	otal average monthly amount, in excess of Utilities, that you actually expend for hon documentation of your actual expen- not already accounted for in the IRS	ne energy costs. You ses, and you must demo	must	\$
you at secon	ctually incur, not to exceed \$ idary school by your dependenced documentation of your act	lent children less than 18. Enter the 147.92* per child, for attendance at a prient children less than 18 years of age. ual expenses, and you must explain not already accounted for in the IRS	vate or public elementary You must provide you why the amount claime	or Ir case trustee	\$
clothir Stand or from	lards, not to exceed 5% of the	pense. Enter the total average more bined allowances for food and clothing (ose combined allowances. (This informatic court.) You must demonstrate that	apparel and services) in the tion is available at was a wallable at was a wallable at wall	he IRS National ww.usdoj.gov/ust/	\$
	Inued charitable contribution of cash or financial instrumer	ons. Enter the amount that you will nts to a charitable organization as define			\$
Total	Additional Expense Dedu	ctions under § 707(b). Enter the total	of Lines 34 through 40		\$
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Case 12-28987 Doc 6 Filed 08/24/12 Entered 08/24/12 15:47:55 Desc Main Page 7 of 8 Document 7 B22A (Official Form 22A) (Chapter 7) (12/10) - Cont Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy Do not include current obligations, such as those set out in Line 28. Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly Chapter 13 plan payment. \$ Current multiplier for your district as determined under b. schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b C. ΔA Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. 47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46, | 元Ling / 建可寻过字例|| Mystife | / Ling Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) 49 Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the 50 result 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the 51 number 60 and enter the result. Initial presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than \$7,025* Check the box for "The presumption does not anse" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. 52 ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55). 53 Enter the amount of your total non-priority unsecured debt Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter 54 the result.

Secondary presumption determination. Check the applicable box and proceed as directed.

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56

☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.

The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
C.		\$
	Total: Add Lines a, b, and c	\$

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B22A (C	fficial Form 22A) (Chapter 7) (12/10)	- Cont	8
		Part VIII: VERIFICATION	
5	both debtors must sign.) Date: 04/24/20/2	Signature: (Joint Debtor, if any)	(If this a joint case,

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.